MEMA Subrecipient Pre-Award Risk Assessment Questionnaire

Subrecipient	(Applicant)			
(Includes all de	partments,	divisions, or unit	s within the Munio	cipality o	r Not-for-Profit receiving federal grant funds)
Federal statut	tes, regulat	ions, and the to	erms and conditi	ons of t	ach subrecipient's risk of non-compliance with he subaward for purposes of determining the mation requested below with your application.
					nce of subrecipient and information below to sures may be taken to support subrecipient
(1): Has Subre fiscal years:	ecipient be	en the direct re	ecipient or a subr	ecipien	of MEMA-issued federal funds within the last two
Yes (if no	, please co	mplete corresp	onding section o	No n next μ	page)
		equired (OMB <i>A</i> closed fiscal yo		00 Subp	art F) to have an audit of Federal Funds performed
Yes				No	
-		any findings or d fiscal year Au	•	s relate	d to MEMA federal grants administration in the last
Yes (if yes	s, please co	mplete correst	oonding section o	No on next	page)
		mployed new p ent in the last (emente	d new or substantially changed systems related to
Yes (if yes	s, please co	mplete corresp	oonding section o	No on next	page)
(4): Has Subretwo fiscal yea	•	en monitored	by any Federal A	gency a	s a direct recipient of Federal Funding in the last
Yes (if yes	s, please co	mplete corresp	oonding section o	No on next	page)
federal guidelDetectionAccountingDistribution	lines and p and Prevent g system ide on records m	rovides for sou tion of Fraud, Wa entification of the aintained for an	nd financial man aste, and Abuse; e receipt and expe employee when h	agemer nditure o is/her ef	or an approved Internal Control Plan that meets at of grant activities, including: of program funds separately for each grant/contract; fort are used as a direct cost or match; rement requirements.
Yes (if the	 ere are inte	rnal control nla	an concerns, plea	No ase com	plete corresponding section on next page)

MEMA Sub-recipient Pre-Award Risk Assessment Questionnaire Response Form

(1): If you have not received a grant from MEMA in the last two years, please indicate last grant received from MEMA:							
Federal Award Name	Purpose	Amount	Start Date	End Date			
(2): Please list below (c subrecipient: Grant Audited	·	ts of any A-133 or Su Finding Description	ıbpart F audits for t	he last two fiscal years of			
MEMA will send a letter that and Corrective Action Plant				, requesting subrecipient response sision.			
(3): Please describe ar	ny new systems or s	staffing that may imp	pact federal grant a	ward administration:			
(4): Please describe (o	r attach) the result	s of federal monitor	ing received within	the last two fiscal years:			
(5): Please describe ar	ny Internal Control-	related concerns:					
program staffing and	l management sys	stems of my organi	ization, that the al	g, internal control, and bove information is complete se and will be taken by my			
Signature			Date				
Printed Name			Title				